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The History of Fever Disease in Malda: The Epidemic in the Colonial Period from 1872 to 1947

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ABSTRACT

This paper examines the prevalence of epidemic fevers, particularly malaria, in the district of Malda during the colonial period and evaluates the nature of public health policies implemented by the British administration. Malda, located in the Rajshahi Division of Bengal, was historically characterized by marshy terrain, forested areas, recurrent floods, and polluted water sources, which created favorable conditions for the spread of epidemic diseases such as malaria, cholera, smallpox, and dysentery. Drawing on Sanitary Commissioner reports, medical records, and public health documents, the study analyzes patterns of fever mortality across different regions of the district, including Gazole, English Bazar, and Old Malda. It also explores how colonial infrastructural developments—such as railway construction, irrigation systems, and labour migration—contributed to the spread of malaria. Although limited anti-malarial initiatives, including quinine distribution and dispensary services, were introduced, colonial health policies largely prioritized administrative and economic interests over the welfare of the indigenous population.

Introduction:

Public health in Bengal under colonial imperialist Governments, various disease epidemics, disease cure, and development has become a topic of discussion and research of interest to various *researchers, scholars*, and *writers.* The present investigation attempted to search the major epidemic diseases with

special reference to fevers-affected Malda and explore the Government policy to prevent it. Malda district, which along with Dinajpur forms the western part of the Rajshahi Division of Bengal, lies between 24° 30' and 25° 32' 30" North latitude and 87° 48' and 88° 33' 30" East longitude. Malda covers an area of over 1,899 square miles and is bounded by Purnia and Dinajpur districts on the north, Dinajpur and Rajshahi on the east, Murshidabad on the south, and Murshidabad, Santhal Pargana, and Purnia district on the west. English Bazar town was the main town, administrative headquarters, and commercial center.[i]

The intervention of British medicine to combat the outbreak of epidemic diseases in colonial India is considered one of the most important aspects of Western medicine in India. It was an undeniable fact that these diseases were a cause of concern for the colonial rulers. But the question arises whether this concern was for the Indian people as a whole or the British army, European civilian workers, plantations, trade, and industry. The Government was little concerned about the impact of the malaria epidemic on the local citizens and population. When epidemic fever threatened the health of military personnel, the British Government intervened and introduced some advanced Western treatments.[ii]

The main criticism of British health policy was that the public health service in colonial India was run on a very small budget and mainly catered to the needs of Europeans and other employees. Generally, major metropolitan cities and district headquarters were covered under this policy. Due to an inadequate supply of essential *drugs* in remote rural areas, compounders served in sub–divisional dispensaries run in remote rural areas.[iii]

History of Epidemic and Pandemic:

Fever and malaria have been familiar in Europe and India since ancient times. The famous ancient Indian Physician sage *Sushruta* who lived in the 5TH century A.D. describes fever as the 'lord of diseases. He considered it 'the king of all physical calamities because it can affect the whole organism or the human body at one time. It binds human life and isperhaps the essential condition under which creativity can come into existence or depart from this life'. Fever is a disease. Recovery marks one's avatar status only gods, and some humans can beat this heat.[iv]

The earliest known and documented pandemic is 430 B.C.E. The Story of Athens that happened in 'The Plague of Athens' is the world's first data–driven pandemic. However, the great information we have about the plague, the information we get, is mainly from the book 'History of the Peloponnesian War by the historian Thucydides, the author of the *Peloponnesian War*. He wrote this disease had depopulated

one village after another. Healthy people suddenly had a fever, head heat was increasing, eyes were getting red, and there was unbearable irritation in the eyes.[v] *Influenza* first appeared in China around 6000 B.C.E. The symptoms of the *influenza virus* are fever, runny nose, dry throat, muscle tension and pain, headache, cough, etc. In the 1580s, *influenza* and the *flu* first appeared in Asia and soon spread to other parts of the World via Africa – Europe.[vi]

The first Russian Flu 1889 – 90 A.D. An unknown fever left Russia and the surrounding people trembling with fever, colds, coughs, hazy fevers with headaches, and finally death. Soon the diseases spread through Russia to unique parts of Europe. The Spanish Flue Pandemic of 1918 – 1920 A.D, Began during World War – I. The death toll and infection rate surpassed all previous records. Its scope was the entire World. The horrors of this disease were first exposed in Spain, so it was called the Spanish flu. Around 5 – 6 crore people die in this pandemic. From this time onwards the use of masks along with quarantine centers to prevent infection.[vii]

The earliest public health movements also originated in Europe, mainly with commercial motivations. Health surveillance in England began first in the military administration. It then expanded to incarcerated criminals in prisons. But gradually it has to be extended to the civilian population as well Because sometimes diseases especially epidemics get infected from the prisons to the concerned public. Doctors noticed that the disease was most prevalent among the civilian population who were poor, uneducated, unaffiliated, and forced to live in unsanitary unclean conditions. Civilian doctors were therefore emphasizing cleanliness and a healthy environment. And the Jail citizens were also being served nutritious food and a healthy environment.[viii]

Epidemics spread in India due to commercial and military incursions into colonial India and the creation of colonial infrastructure - roads, railways, labour migration systems, etc. *Coolie* lines in the unsanitary and dirty environment where the British capitalists forced the plantation workers to live. Mines and factories of various kinds facilitated the spread of epidemic diseases. Due to the railway line, people could reach different parts of the country very easily and as a result, epidemics spread very quickly across the country. The expansion of irrigation canals and the construction of railway embankments have created favorable habitats or environments for malaria-carrying *mosquitoes* in India. These factors have been mentioned by David Arnold, Ira Klein, and many Indian scholars in their studies.[ix]

The district of Malda was an unsanitary and forested district of Bengal, with arsenic–expanded water, a dense population in the *Diara region*, dilapidated and flooded houses, poverty, indebted and food shortage, the growth of mosquitos in polluted areas, the people adjusted of this district have to be taken.

It was not surprising that numerous diseases prevailed, especially *cholera, malaria, fever, smallpox, dysentery*, and *diarrhea*. Namely *tuberculosis, syphilis, scurvy, anaemia, ulcers, skin diseases, lung* and *liver diseases, indigestion, respiratory* diseases, and many more. Fever was the biggest killer in Malda district, especially Malarial fever.[x]

The district of Malda was not particularly depopulated and most of the area was heavily forested with ferocious *animals* or large *swamps*. In the sixties of the 19th century, while describing the English Bazar town of Malda, the first sanitary commissioner for Bengal wrote in the annual report that – 'The present English Bazar town of Malda situated ten miles to the north of the old place of Gour, but still within the suburbs of that Ancient city, cannot, therefore, be healthy, having abundant *jungle* and marshy *jheels* on every side.[xi]

In 1867 there was a terrible flood in Malda. During this time malaria disease was gradually spreading due to excess water. It is also known about Malda from the report of the first sanitary commission for Bengal that, in this report, the sanitary commissioner said, 'The epidemic cholera which broke out in Malda in October 1867 and which did not entirely cease until June last formed the subject of a separate report which I submitted' to the medical department, on the 23rd July. The Inundation of the Ganges during the rains of 1867 laid the whole district of Malda water from July to September 1867. The water began to dry up in October when both cholera and fever broke out simultaneously in different parts of the district.[xii] According to G.E. Lambourn the diseases, which had the highest mortality in the Malda district were *fever, cholera*, and *smallpox*. All these diseases were prevalent throughout the year. *Cholera* is usually more prevalent during the hot season and at the end of the rainy season. And fever was more prevalent at the end of the *monsoon season* and the beginning of the *winter season*. After these diseases, *smallpox* spread from house to house. *Smallpox* often occurs during the *monsoon season* as well.[xiii] A report by the sanitary commission of Bengal in the 1870s revealed that Malda district had the highest number of deaths from malaria. Gazole police stations North of Malda were the worst unsanitary places in the district and the English Bazar town was the most populous place in the district. Rigid starvation is a rule among the people in the treatment of fever. Malda district had the second-highest death rate among the 8 districts of the Rajshahi Division during 1870-71.[xiv]

Malda district has a very old relationship with disease and epidemics. *Dr. Thomas* spoke of an outbreak of fever in his home area of Gomalti which is near Gaur. He also mentions the prevalence of malaria in the English Bazar town and Seebganj region which was bordering or adjacent to Gour. Which sometimes took the shape of an epidemic. For this reason, the unhealthiest part of Malda district is the *Barendra*

region of North Malda, Although the population Was relatively sparse which made the data ambiguous about the decrease in Malda population due to fever or other diseases; It is not possible to say exactly how many deaths are due to malarial fever. Malda district has a reputation for being very unhealthy due to its border with Purnia, Dinajpur, and Rajshahi, and it is safe to say that in normal years, apart from significant deaths from malaria, the rate of increase in deaths due to fever is reduced.[xv] In the district of Malda fever is usually *intermittent*, and *relapsing fever* is more common. However, relapsing fever is more common in Malda. For the first time, fevers are shown in the annual table as divided into four classes, *Intermittent, Remittent, Continued*, and *Enteric* fevers.[xvi]

The Disease of Fever in Different Areas of Malda:

The Annual Report of the Sanitary Commission in Malda for 1871 shows that during the first six months of that year, the outbreak of fever did not assume a severe form. But from July of that year, Epidemic Visitation was seen in the Northern part of Malda district, especially in the villages of Gazole and Bamongola. It became an epidemic in August of that year in some police stations of South Malda like Shibganj, Mahdipur, and Kaliachak police stations. Gomstapur, Muchia, and Nawabganj police stations of East Malda were also severely affected by this epidemic. Towards the end of the year, the outbreak of fever became epidemic throughout the whole of Malda.[xvii]

The Gazole police station in Malda district was the most unsanitary place. English Bazar, the headquarters town of Malda, was the most populous part of the district with the highest number of deaths between the two regions. A rigid reluctance among the people to treat Malda fever turned the fever into an epidemic.[xviii]

Table No- 1.1. *Monthly Ratio Deaths Per Fever in 1873.*

District	Ratio Percent of Deaths from Fevers to Annual Mortality in 1873.											
	Jan.	Feb.	March	April	May	June	July	August	Sep.	Oct.	Nov.	Dec.
Malda	8.68	5.70	8.46	10.76	8.86	5.30	3.99	4.81	7.23	11.78	13.81	10.47

(Source- C.J. Jackson, Sanitary Commissioner for Bengal: For the Year 1873, P -79.)

The statistics of fever deaths in Malda show that the unhealthiest months were November and December, accounting for one-fifth (about a quarter) of the year's fever casualties. Again, it can be seen that May, February, June, and July had the lowest mortality from fever both in urban and rural areas.[xix]

Table No – 1.2. *Fever Mortality of Different Areas in Malda 1873.*

Areas of Highest Mortality	Number of Deaths	The Ratio of Deaths Per 1,000 Population.
Gazole	995	17.98
English Bazar Town	213	16.56
Old Malda	667	13.74
Gorgoriba	901	13.19
Seebgunge	1394	14.18
Khurba	1126	12.28
Gomastapore	523	10.67
English Bazae Rural	701	9.63
Kaliachak	1133	9.49
Nowabgunge	483	9.07

(Source-Sanitary Commissioner for Bengal: For the Year 1873, The Bengal Secretariat Press, 1874)

A statistic from 1873 in Malda shows that Seebganj, Kharba, Kaliachak, and Gargariba had the highest number of deaths due to fever, but the percentage per 1000 population was highest in Gazole Police Station (17.98%) and English Bazar town (16.56%) was above all.[xx]

In 1904, 1905, 1906, 1907, and 1911, the number of fever-related deaths was 32.30, 34.64, 34.47, 34.77, and 32.30 percent respectively. Again, the fever mortality figures for 1911 show a decrease because they were calculated based on the 1911 population. This shows that the average mortality rate for the five years before 1911 was 24.75%. It was suggested that the cause of those deaths was the construction of the *Katihar-Godagari railway* line in 1905, 1906, and 1907. The railway line has brought a lot of *coolies* come to Malda and they have disturbed the drainage of the district due to the dense *jungle* along the railway line.[xxi]

The increase in *influenza cases* was largely responsible for the increase in the number of fever deaths reported during the last half-year in 1919. Malda had a death rate of over 1 percent due to *influenza fever.*[xxii]

Table No- 1.3. *Fever Mortality per Mile in Malda from 1925 to 1935*.

Year	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Average of previous 10 years	26.8	26.1	25.6	25.0	23.2	22.1	20.8	21.0	21.1	21.1	20.9
Annual mortality	24.6	22.4	20.1	20.1	22.9	27.5	25.4	17.6	20.2	17.5	15.6
Increases or decreases from averages of 10 years.	-2.2	-3.7	-5.5	-4.9	-0.3	+5.4	+4.6	-3.4	-0.9	-3.6	-5.3
Increases or decreases from previous years.	+4.3	-2.2	-2.3	0	+2.8	+4.6	-2.1	-7.8	+2.6	-2.7	-1.9

(Source- Calculated from different Bengal Public Health Reports from 1925 to 1935)

In Malda had the highest death rate due to fever in the years 1930 and 1931. During this period, the mortality rate for various diseases in the old town of Malda was approximately 40.1 per mile. But the mortality rate due to fever in a single old city of Malda was about 24.5 percent and 10 per mile. In the following year 1931 also the mortality rate from fever in Malda was about 25.4 percent. So, it can be said that in 1930 and 1931 most people died from fever in Malda.[xxiii]

Different Types of Fever in Malda:

Malaria was a major scourge in Bengal Colonel S.R. Christophers says malaria is 'one of the most difficult major health sanitary problems in the world'. Colonial Bengal is an important center for malaria, many villages and regions have been devastated and their progress has been controlled by the disease. The various type of newspaper and article also mentions that railways and other embankments, village canals, roads, blind excavation of the soil, shallow ponds, and silting up of riversall were responsible for the spread of malaria.[xxiv] Epidemic fevers of a malarial nature are always caused by standing water after

the rains. A civil surgeon of Malda thinks that the source of the malarial fever is the expansion of cultivation such as jute, while the other two main sources are *jungles* and *swamps.*[xxv]

The outbreak of malarial fever in Malda is not by means a recent incident in the history of the district. The English traveller Hamilton Buchanan attributed Malarial fever to the decline of the Gaur Population. The construction of the *Katihar – Godagari* railway line in Malda, which disturbed the drainage of the district and through which the road by the railway line passed, resulted in an increased *mosquito* infestation due to *ponds, sewage, small canals*, and *jungle*. These additional *mosquitos* are rapidly spreading malaria in Malda. The years 1894-1899 at Malda are considered the years of high mortality due to malaria. And every year there is a considerable flow of significant labor across the *Mahananda River* during the season of cold weather. All these seem to have permanently infected the district from *Barendra* and Gour, and years of high floods or scanty harvests have created the necessary conditions for the disease to become epidemic in other parts of the district affected by them.[xxvi]

In 1910, *Major McCombie Young*, *I.M.S,* called attention to an epidemic of malaria in the Malda district, which occurred mainly during the construction of the railway in Malda.[xxvii] *Amrita Bazar Patrika* complained that despite all the tools available to the colonial Government, the Government's public health service had failed to address the malaria problem. According to an article in that journal, the ruthless neglect and misguided policies of the colonial Governments medical administration are responsible for the spread of malaria over the years. Failed to agree, but provided small funds to local authorities only under certain conditions.[xxviii] In the Anti-malaria opposition in 1910, *Sir Ronald Ross* also expressed the idea when he specified that,'anti-malaria measures should be limited to areas beneficial to the Empire.[xxix] 11 registered malaria societies operated in various areas of the Malda district. Quinine was distributed free of charge through Malda by these societies and when the anti-malarial work was carried out in the district schools, by the authorized plan.[xxx]

The incidence of malaria fever was typical throughout the year. Since the 1940s, the distribution of free anti-malarial drugs has intensified as malaria epidemics have risen or been reported locally. Anti-malarial drugs have been allocated to different districts for the free distribution of drugs through various malaria prevention agencies, district councils, civil surgeons, and sub-divisional health officers, and another municipality has agreed to undertake anti-malaria measures in their respective areas at a total estimated cost. And local efforts were encouraged for anti-malaria measures in rural areas by spraying insecticides through volunteers on a cooperative basis among villagers. In addition, anti-malarial medicines were distributed, and free anti-malarial medicines were provided by the Government or on behalf of various

social service agencies. Anti-malarial drugs were distributed or promoted by privately owned and aided hospitals, dispensaries in the district, and other organizations, such as rural health workers, anti-malaria societies, and school teachers. Again, anti-malarial drugs in powder form for malaria prevention through Government health worker agencies approved by district boards were generally used in hospitals and dispensaries while tablets were distributed through other agencies.[xxxi]

The scientists found that the prevalence of *black fever* has been usually higher in poor people. In particular *mud houses* and during the colonial period most houses in the rural areas of Malda were *mud houses*. He may understand that a species of *fly*, called the *sand fly* in village Bengal, usually nests in the cracks in the earthen floor or walls of cowsheds, and is the chief transporter of the disease. The name of this scientist is *Upendranath Brahmachari*. Sadly, this black fever was one of the reasons for the death of poet and writer *Sukumar Roy*. *Urea stibamine* was discovered in 1920. It is known that the colonial Government did not widely market this medicine at first. As a result, the colonial Government was responsible for the failure of the generalized use of this drug in the first place.[xxxii] In 1926, the prevention of black fever in Malda was treated in 62 centers, including 21 clinics under private and district councils.[xxxiii]

The Causes and Growth of Fevers in Malda:

Various Sanitary Commissioner reports about Malda district specifically blamed the ignorance, nonliterate, lack of awareness, and unsanitary environment of the Indians for the spread of disease and epidemics. The Sanitary Commissioner Report of 1885 listed Malda district as unsanitary among the 45 districts of the Bengal province. This report states 'That Malda district was markedly unhealthy in the 45 unhealthy in the 45 districts of the province, the cause of insalubrity being the excessively fatal prevalence of *cholera* for *fever* or both and in some cases of bown complaint', occurring in different places of Malda district throughout the year. Fairs were held, people attending these fairs were afflicted with various devastating diseases, and many died due to neglect and lack of proper treatment.[xxxiv]

Unsanitary and unsafe drinking water in Malda district was equally responsible for the spread of disease. G.E. Lambourn, therefore, reported the poor condition of the Malda drinking water. According to him, 'This water is generally of a reddish or soapy colour and has a rather offensive odour'.[xxxv] The report of the Eighteenth Annual Sanitary Commissioner, 1885 AD states, prolonged droughts, extreme heatwaves, unsanitary conditions in villages, and excrements of *cholera*-carrying people in river water were responsible for drinking water pollution. According to the District Magistrates report, 'Gazole, the North-East and in the greater part of the Old Malda, which are the unhealthiest places in the district, and

where *Cholera* prevailed severely, the people generally drink the foul water of the bhils and of old tanks half filled with *Jungle* and after being covered with weeds.[xxxvi]

The unsanitary environment of English Bazar towns, the dusty mud of unpaved roads, the use of untested drinking water, etc. caused occasional epidemics. In 1938, the Mahananda floods destroyed around five thousand mud houses in the densely populated area from *Laxmigarh Cinema Hall* to *Ramakrishna Mission*. But at that time the work was not completed due to a lack of District Board or private and Government help.[xxxvii] The district of Malda 22nd Annual Sanitation Commissioner informs about the source of sterile water in old Malda City. According to him, 'About two-thirds of the people of the Old Malda town take their drinking water from the river Mahananda which was seriously populated by defection on its banks and by throwing dead bodies into it. Reports on the supply in English Bazar town and Bholahat rural areas said that bodies were thrown into the water and dirty clothes were washed in the water. This report writes, 'It obtains from well, *Jhils* and River *Mahananda, Bhagirathi, kalindi, and Pagla*. The water of the river is highly polluted by the washing of clothes by dhobis and by throwing off corpses into them'.[xxxviii]

The district of Malda famous silk industry declined in the decade of 1921-31. The decline of thousands of industries in Ratua and Manikchak reduced the rate of population growth in these regions. The decade of 1941-51 shows that Malda district was more affected by the epidemic in 1944 than by the famine in 1943. Then the partition of Malda in 1947 brought some voluntary migration on both sides and at this critical moment, there was a bad flood in 1948. As a result of this partition, 5 police stations out of 15 police stations in Malda went to East Pakistan, resulting in the size of Malda being reduced from 2,004 km to 1,408 km and the population of Malda being reduced from about 12,32,618 to 9,37,580. In 1950-51 there was a large influx of displaced persons from East Bengal which caused a major problem for the public health and medical system and their accommodation in Malda.[xxxix]

The Sanitation Commissions annual report of 1885 described the deplorable condition of the old Malda town and said 'This town was found to have maintained the very unsanitary conditions of former years. It appeared that the town was progressive in decay'.[xl] This report highlights the very poor and miserable condition of the old Malda municipality. G.E. Lambourn in his report describing the unsanitary conditions of Old Malda said 'But it cannot be said that the municipalities are superior in health to the villages, and in particular the town of Old Malda is notoriously unsanitary and unhealthy.[xli]

The construction of railway lines by the colonial Government in Bengal and parts of the Malda district was a significant source of malaria. The relationship between railway construction and the spread of

malaria has been highlighted by sever of media and press outlets. It was a common saying in Bengal that 'malaria was spread by railways'. The *Nayak* newspaper also noted that 'where there are railways, there is malaria and where there is no railway and there is no disease'.[xlii] One of the most important histories of Malda was the opening of the *Katihar-Godagari railway* in 1909 in the first decade of the 20th century, which traversed the district from northwest to southeast. During this period, the railway line greatly improved the communication system, clearing the forest wastes and the small drains and *bhils* increased the mosquito infestation due to the malarial fever which was prevalent throughout the district. But the Malda headquarters is by a railway station where multiple events led to it becoming an epidemic across the district.[xliii]

Conclusion:

Among the different types of diseases in society, fever is the cause of most diseases. Everyone in society is familiar with fever. Therefore, the historical and practical importance is immense in reconstructing the history of Bengal, especially in Malda during the colonial period. Lack of medical treatment and medicine caused various diseases and epidemics to increase and decrease in population or census ratio and common people depended on *Kaviraj, Ojha, Hakeem, and herbal medicines* to get relief from these diseases. The railroad got its good side as well as its bad side that fell on public health. But the Government has demonstrated its inability to control anti-malarial diseases and provide Western medicine. Sometimes terrible floods and epidemics have happened to Malda, but all these resistances have not brought an end to the suffering and unhappiness of the people.

Kabiraj can be found in every village in Malda district. People living in Malda -Sadar town, and those who have received English or Western treatment in Government dispensaries or elsewhere, rarely call Kabiraj. Besides few people of this town also rely on Western medicine side by side traditional *Kabiraji* remedies. So, it can be said that the effect of *Kabiraji's* treatment on the residents of this city is decreasing. In Malda villages in the interior of Bengal, the poor people still have faith in *Kabiraje* treatment.[xliv] The *Allopathy* treatment was first introduced in India by the Portuguese in 1498 and *homeopathy* probably in 1798. Some European missionaries, traders, medical officers, and doctors brought these systems to India. Over time they have set some examples of successful treatment and gained the trust of the people of this country.[xlv]

The Colonial Government, however, was particularly aware of the causes of every epidemic or birth and death, and therefore every Government report, and Gazetteer, identified the main sources of disease, such as still water, drinking water pollution, dumping of corpses in rivers, cattle bathing practices, washing of

dirty clothes, water-feces and not much effort has been made to increase public awareness even though attention has been given to making, using dirty still water as drinking water, promoting the benefits of vaccination, etc. The colonial Government was also alert to this problem. But they did not help the native citizens to save their health by distinguishing between the ruler and the ruled. The colonial Government did not take real steps to increase public awareness of Malda or to apply any active good hygiene practices among its citizens. Nor did they make any attempt to popularize European medicine among the native population. Therefore, it can be said that the colonial Government knowingly shouted that they should do this and that, but it remained limited to paper, they could not take any concrete steps to protect the health and lives of Indians and reduce the prevalence of various deadly diseases.[xlvi]

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